Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
	Division, Department, or Region (If Applicable)				
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.go	ov	Date of Original Filing	: (Month, Day, Year)	
2. Function or Event Information				22.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$		
Event Description Natural History Museum Provide Title/Expl	anation	Date(s)		01 02 2020	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⊠ If no: Natura	al History Museum		
monos(e), r add(de), provided by agency.	res INO		Name of S	ource	
Was ticket distribution made at the behest of agency official?	No 坚 Yes	If yes:	Official's Name	(Last, First)	
3. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursual	nt to the agency's policy	
Staff	2	Per Ticket policy 5.3			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow	Income C	
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income _	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuai	nt to the agency's policy	
		41			
	1 18942. I have v	<u>erified that the distrib</u> ution set t	toπn above, is in accordance v	<u>vitn the re</u> quirements.	
4. Verification I have read and understand IPPC Regulations 18944.1 and Barbar	i 18942. have v a Garcia		<i>толп above, is in accordance у</i> et Administrator		
I have read and understand APPC Regulations 18944.1 and		Ticke		3/29/2019 (Month, Day, Year)	
I have read and understand IPPC Regulations 18944.1 and Barbar	a Garcia	Ticke	et Administrator	3/29/2019	

ocicinoma itoic Events and in	oncor ass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				. 0.111
Division, Department, or Region (If Applicab	le)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must prov	ide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			22	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 22.0	00
Event Description Natural History Museur	n	Date(s)	, , ,	1 02 2020
Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: Natura	al History Museum Name of Source	
Was ticket distribution made at the behest	·· [되 ·/		Name of Source	
of agency official?	No⊠ Yes	If yes:	Official's Name (Las	t, First)
3. Recipients				
Use Section A to identify the agency's department or	runit. • Use Se	ction B to identify an Individu	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	Pass(es)			
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of			on their existing of the
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	
		Ceremonial Role	Other	Income 🗍
		If checking "Ceremon	ial Role" or "Other" describe below:	
the second secon	-	Ceremonial Role	Other _	Income
		If checking "Ceremon	rial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	1 433/63/	1	and the second s	
			WA C. D. B. W	
4. Verification				
I paye read and understand FPPC Regulations 18 <u>944.1 ar</u>	nd 18942. I have v	erified that the distribution set f	orth above, is in accordance with t	he requirements.
// / / / / / / / / / / / / / / / / / / /	ıra Garcia		et Administrator	3/29/2019
Signature of Agency Head or Designee	Print Na	пе	Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)
		ă	FPPC Toll-Free Helpline: 866	

Ceremonial Role Events	and Tick	ket/Pass	Distributio	ns		A Public Document
1. Agency Name					Date Stamp	California 802
County of Los Angeles						Form OUZ
Division, Department, or Region	(If Applicable)				For Official Use Only
Board of Supervisor, First Distri	ct					
Designated Agency Contact (Nat						
Barbara Garcia, Ticket Administ	rator	NAME OF THE PARTY				
	mail				Amendment (Must)	provide explanation in Part 3.)
	The second secon	.lacounty.go	OV		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa	tion					
Does the agency have a ticket p	olicy?	Yes⊠ No	☐ Face \	/alue o	f Each Ticket/Pass \$	22.00
Event Description Natural Histo						01 02 2020
Event Describitori	ovide Title/Expla		Date(s	s) L	VI J.	<u> </u>
Ticket(s)/Pass(es) provided by a	gency?	Yes□ No	II If no:	Natura	l History Museum	
γ,οιιοί(ο)/ ασσ(σσ) μιστίασα σγ α	go.,o, .	IESE INO		Tanana and and and and and and and and an	Name of So	ource
Was ticket distribution made at the	ne behest	No⊠ Yes	If yes:		6m · 11 · 11	7 - 1.5'-0
of agency official?					Official's Name	(Last, First)
3. Recipients	80 10 00	eg com so	SUC SES ES PRODES ACESS	20 2020 2000	86 866 JUN 118 SON 2 NOW	2000
Use Section A to identify the agency's	department or i		ction B to identify an	Individu	al. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe	the pub	lic purpose made pursuan	t to the agency's policy
Staff		2	Per Ticket poli	cv 5.3	(k)	
				-, -, -		
		Number of				
B. Name of Individual		Ticket(s)/ Pass(es)			Identify one of the follow	/ing:
			Ceremoni	al Role	Other	Income
			If checking	"Ceremoni	ial Role" or "Other" describe below;	
		<u> </u>	<u> </u>			
			Ceremoni If checking	and the second	Other U	Income [
				on women and the second		
C. Name of Outside Organiza (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe	the pub	lic purpose made pursuan	t to the agency's policy
. Verification		JL	ــــــــــــــــــــــــــــــــــــــ			
I have read and understand FPPC Regulation	ns 18 <u>944.1 and</u>	18942. I have v	erified that the distribu	ti <u>on set f</u>	orth above, is in accordance w	ith the requirements.
Mux du		a Garcia			t Administrator	3/29/2019
Signature of Agency Read or Designee		Print Nan	ne	E	Title	(Month, Day, Year)
				***************************************		3
Comment:	WARE TO BE STORE THE PARTY OF T					
				1	FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772

C	eremonial Role Even	ts and Tic	ket/Pass	Distribution	าร		A Public Docu	ment
1.	Agency Name					Date Stamp	California 8	02
	County of Los Angeles					****	Form O	UZ
	Division, Department, or Reg	on (If Applicable)				For Official Use Or	nly
	Board of Supervisor, First Dis	trict		Trades tomo telane ana				
	Designated Agency Contact (
	Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail					Amendment (Must	provide explanation in Part 3	.)
		bgarcia@bos	.lacounty.go	ΟV		Date of Original Filings		
	Function or Event Infor					l r	(Month, Day, Year)	
۷.	Does the agency have a ticke		Yes⊠ No	☐ Face Va	alue o	f Each Ticket/Pass \$	22.00	
	Naturalili		erromana en la composición de la composición del composición de la	T acc ve		The state of the s	01 02 202	20
	Event Description	story Museum Provide Title/Expla	The state of the s	Date(s)			01 102 1202	20
	Tielesta /Dessa(se) musuided b			N.	atura	l History Museum		
	Ticket(s)/Pass(es) provided by	agency?	Yes No	ĭ if no: □		Name of S	ource	
	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If yes: L				12
	of agency official?		\$10000			Official's Name	(Last, First)	Zerie III
3.	Recipients	-	***************************************				0.000	
	Use Section A to identify the agency	's department or u		ction B to identify an in	ndividu	al. • Use Section C to ide	ntify an outside organizatio	on.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe th	ne pub	lic purpose made pursuan	t to the agency's policy	
	Staff		2	Per Ticket policy 5.3 (k)				
				Ter Heret policy 5.5 (k)				
			Number of					
	B. Name of Individua	1	Ticket(s)/ Pass(es)			Identify one of the follow	vlng:	
			1 433(43)	Ceremonial	Role	Other 🔲	Inco	те П
				1	and the same of th	al Role" or "Other" describe below:		
				A CONTRACTOR OF THE CONTRACTOR	W. W. Carlotte, W. Carlotte, C.	and a minimum of the state of t	очиние мою зановы анили на	
			<u> </u>					
				Ceremonial		Other ial Role" or "Other" describe below:	Inco	me
	general control of the control of th			I directing o		arrole of Other describe below.		
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)			Describe th	ne pub	lic purpose made pursuan	t to the agency's policy	
							A STATE OF THE STA	
4.	Verification _^		<u> </u>	JII	-			
	I have read and understand FPPC Regul	ations 18 <u>944.1 and</u>	18942. I have v	erified that the distribution	on set fo	orth above, is in accordance w	ith the requirements.	
	M. K. dla		a Garcia	11		t Administrator	3/29/2019	
	Signature of Agency Head or Designee		Print Nan	ne		Title	(Month, Day, Y	Year)
	Comment:							
					ı	FPPC Toll-Free Helpline:	FPPC Form 802 866/ASK-FPPC (866/278	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
County of Los Angeles				Form OUZ		
Division, Department, or Region (If Applicable)		1	For Official Use Only		
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)						
Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail						
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)		
2. Function or Event Information			_1			
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	22.00		
Natural History Museum	**************************************			01 02 2020		
Event Description Provide Title/Expl.		Date(s)		V- 1/2-2-3		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Natur	al History Museum			
risher(s), rase(ss) provided by agency.	162 110		Name of S	ource		
Was ticket distribution made at the behest	No⊠ Yes	If yes:	0.5.1.1.1.	4 15:0		
of agency official?	- 77-2-11/2/2019 - 1/2-2-11		Official's Name	(Last, First)		
3. Recipients			4			
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy		
Staff	2	Per Ticket policy 5.3	(k)			
	Number of					
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	vlng:		
		Ceremonial Role	Other	Income 🔲		
		If checking "Ceremo	nial Role" or "Other" describe below.			
	1					
		Ceremonial Role If checking "Ceremon	Other or "Other" describe below.	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	it to the agency's policy		
			w - consequence			
4. Verification	transfer to the second	111				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have v	erified that the distribution set	forth above, is in accordance w	rith the requirements.		
	a Garcia	11	et Administrator	3/29/2019		
Signature of Agency Head or Designee	Print Nan	me L	Title	(Month, Day, Year)		
*						
Comment:						
			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)		

Courty of Los Angeles Date Stamp Courty of Los Angeles Division, Department, or Region (if Applicable)	Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
County of Los Angeles Division, Department, or Region (if Applicable) For Official Use Only	1. Agency Name			Date Stamp	California Q02
Board of Supervisor, First District	County of Los Angeles				Form OUZ
Barbara Garcia, Ticket Administrator)			For Official Use Only
Barbara Garcia, Ticket Administrator Area Coda/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov 2. Function or Event Information Does the agency have a ticket policy? Yes No Event Description Natural History Museum Provide Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Officiar's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Staff 2 Per Ticket policy 5.3 (k) B. Name of Individual (last, First) Identify one of the following: Ceremonial Role Other Income of checking Texamound Role or Other describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) C. Name of Outside Organization (I	Board of Supervisor, First District				
Area Code/Phone Number E-mail Date of Original Filing:	Designated Agency Contact (Name, Title)]	
Area Code/Phone Number E-mail	Barbara Garcia, Ticket Administrator			Amendment (Must o	provide explanation in Part 3.)
Powde TileExplanation Does the agency have a ticket policy? Event Description Provide TileExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? **Name of Source** **Name of Source** **Name of Agency, Department or unit. **Use Section B to identify an individual. **Use Section C to Identify an outside organization. **Number of Ticket(s)/** Pass(es) **Per Ticket policy 5.3 (k) **B. Name of Individual Indi					TOVIGE EXPLANATION IN FAIL 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 22.00 Event Description Natural History Museum Date(s) Da	213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Event Description Natural History Museum Provide Titlet(s)/Pass(es) provided by agency? Yes No No Yes No No Yes No No Yes No Yes No		-		2	2.00
Ticket(s)/Pass(es) provided by agency? Yes No No Yes If no Natural History Museum Name of Source Was ticket distribution made at the behest of agency official? Recipients * Use Section 8 to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per Ticket policy 5.3 (k) B. Name of Individual (set, First) Router and Folia (set, First) No Yes If yes: Official's Name (Last, First) Recipients * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Pass(es) Per Ticket policy 5.3 (k) B. Name of Individual (set, First) Ceremonial Role Office Income Inco		CALLED TOP STATE OF THE STATE O	Face Value of	of Each Ticket/Pass \$ L	
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section C to identify an outside organization. - Use Section B to identify an individual. - Use Section B to identify an individual and identify an individual. - Use Section B to identify	LVEIL DESCRIPTION E		Date(s)		01 02 2020
Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(e)' Describe the public purpose made pursuant to the agency's policy Staff 2 Per Ticket policy 5.3 (k) B. Name of Individual Number of Ticket(e)' Pass(es) Ceremonial Role Other Income If the clining "Ceremonial Role" or "Other describe below. Ceremonial Role Other Income If the clining "Ceremonial Role" or "Other describe below. Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe below. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Coremonial Role Other Describe the public purpose made pursuant to the agency and the Agency and the Agency and the Agency	10-94(g) (LA 309-60) - 07-06(g) (BA307) (BA707) - 07-06(g) (BA307) (BA707) - 07-06(g) (BA307) (BA707) (BA707)		Natura If no: Natura	The second secon	Urco
A. Name of Agency, Department or unit. **Ous Section B to identify an individual.** Use Section C to Identify an outside organization. **A. Name of Agency, Department or Unit **Number of Ticket(s)/** Describe the public purpose made pursuant to the agency's policy Pass(ss) **Staff** **2 **Per Ticket policy 5.3 (k) **B. Name of Individual (Lest Prot) **Pass(ss) **Describe the public purpose made pursuant to the agency's policy pass(ss) **Describe the public purpose made pursuant to the agency's policy pass(ss) **Ceremonial Role Other Individual (Lest Prot) **Ceremonial Role Other Other describe below: **Ceremonial Role Other Other describe below:** **Ceremonia		No⊠ Yes	s□ If ves:	Wallia William	M 445
Sees Section A to identify the agency's department or unit. Sues Section B to identify an individual. Sues Section C to identify an outside organization.	of agency official?		,	Official's Name (Last, First)
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)					
A. Name of Agency, Department or Unit Ticket(s) Pass(es)			ection B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
B. Name of Individual (Lest, First) Ceremonial Role Other Income	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
S. Name of individual (Leat, First) Ticket(s) Pass(es)	Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual (Lest, First) Ticket(s)/ Pass(es)					
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income	B. Name of Individual	Ticket(s)/		Identify one of the follow	ing:
Number of (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Ticket Administrator 3/29/2019					Income _
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Ticket Administrator 3/29/2019			2000 Marin - 1000 Control - 1000 Con	AND THE PROPERTY OF THE PARTY O	Income
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Nerification I have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 3/29/2019					
I have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 3/29/2019		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
I have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 3/29/2019				Martin and Commission of the C	
I have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 3/29/2019					
I have read/and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 3/29/2019				7.5.	
Barbara Garcia Ticket Administrator 3/29/2019					
372572013	1/ / 1 11 / .				
Signature of Agency Head of Designee Print Name Title (Month, Day, Year)					3/29/2019
·	Signature of Agency Head or Designee	Print Nar	me	Title	(Month, Day, Year)
Comment: L	Comment:				

Ceremonial Role Events and Tich	Reurass	Distributions		A Public Document	
1. Agency Name	. Agency Name				
County of Los Angeles				California 802	
Division, Department, or Region (If Applicable))		2	For Official Use Only	
Board of Supervisor, First District	. 10000 - 225 - 1000 - 1000 - 1000		1		
Designated Agency Contact (Name, Title)			4		
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)	
Area Code/Phone Number E-mail bgarcia@bos.	lacounty o	OV	Date of Original Filing:		
	.iacourity.g			(Month, Day, Year)	
2. Function or Event Information	🔽	Constitution	22	.00	
control of the contro		Face Value o	of Each Ticket/Pass \$		
Event Description Natural History Museum Provide Title/Expla		Date(s)		01 02 2020	
		Natura	al History Museum		
Ticket(s)/Pass(es) provided by agency?	Yes No	⋉ If no:	Name of Sour	ce	
Was ticket distribution made at the behest	No⊠ Yes	□ If yes:			
of agency official?	100	— пусо. Е	Official's Name (La	st, First)	
3. Recipients					
Use Section A to identify the agency's department or it.	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identify	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	Pass(es)				
Staff	2	Per Ticket policy 5.3	(k)		
		l er mener pana, and			
	Number of		STANDER THE SAME SECTION AND THE		
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:	
	1 400(00)	Ceremonial Role	Other	Income 🗍	
		1	ial Role" or "Other" describe below:		
		A CONTRACTOR OF THE CONTRACTOR			
		<u> </u>	Promis and the second s		
		Ceremonial Role	Other U	Income	
		I checking determine	ial Role of Other describe below.		
C. Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy	
4. Verification][JII	Anne		
I have read/and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set f	orth above, is in accordance with	the requirements.	
Barbara	a Garcia	Ticke	et Administrator	3/29/2019	
Signature of Agency Head or Designee	Print Nar	ne	Tille	(Month, Day, Year)	
Comment:				EDDO Form 200 (4/45)	
			FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)	

_	ency Report of: remonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
	Agency Name County of Los Angeles Division, Department, or Region (If Applicable, Board of Supervisor, First District	Date Stamp	California Form 802 For Official Use Only			
Ε	Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
2	13-974-4111 bgarcia@bos.	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)	
С Е Т V	Natural History Museum Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest	***	Date(s) If no: Natura	of Each Ticket/Pass \$ Land All History Museum Name of So		
3. I	of agency official? Recipients Use Section A to identify the agency's department or u	ınit. • Use Se	ection B to identify an Individu	Official's Name (I		
_	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	y Normal Park Park N	public purpose made pursuant to the agency's policy		
9	Staff	2	Per Ticket policy 5.3	(k)		
	3. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:	
No.			Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income [
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuant	to the agency's policy	
	/Enification have read and understand FPPC Regulations 18 <u>944.1 and</u>	19040 14				
,	Barbara			et Administrator	3/29/2019	
-	Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)	
C	Comment:	⊬nnt Nan			(Month, Day, Year) FPPC Form 802 (4/1 366/ASK-FPPC (866/275-777	

ceremonial Role Events and Tic	Reurass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Commission (1)	
Area Code/Phone Number E-mail			Amendment (Must pn	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			22	2.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	
Event Description Natural History Museum		Date(s)		01 02 2020
Provide Title/Expl		Natura	al History Museum	as essentiate trades essentes está teribra electronica con transciona beneficial está electronica de la consta
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
			v er anderson " United research" salarization for controller to the desiration of a second salarization of the second salarizatio	
. Verification	- T	<u> </u>		
I have lead and understand FPPC Regulations 18944.1 and				
Signature of Agency Head or Designee	a Garcia		t Administrator	3/29/2019
Signature of Agency fread of Designee	Print Nar	ne .	Title	(Month, Day, Year)
Comment:	A WINGS BAR			

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California QA2
	County of Los Angeles				Form 802
	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisor, First District	and the same of th]	
	Designated Agency Contact (Name, Title)]	
	Barbara Garcia, Ticket Administrator			[] Amandmant (Marks	
	Area Code/Phone Number E-mail	AMAKA KAMATAN PA		Amendment (Must p	rovide explanation in Part 3.)
	213-974-4111 bgarcia@bos	.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	***************************************		<u> </u>	
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	2.00
	Event Description Natural History Museum Provide Title/Expla		Date(s)],	01 02 2020
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Natura	al History Museum	
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	
^		- W			
ა.	Recipients • Use Section A to identify the agency's department or its section A to identify the agency's department or its section A.		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Staff	2	Per Ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	
	(Last, First)	Pass(es)		identity one of the followi	119:
			Ceremonial Role If checking "Ceremon	Other	Income
1			Ceremonial Role if checking "Ceremon	Other iial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)		on an expension of the entire of the first	
	Verification I have read and understand FPPC Regulations 18944.1 and		1 1		h the requirements.
	Barbara			t Administrator	3/29/2019
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:				
	COMMITTEE, C.				

Ceremonial R	ole Events and Ti	cket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Ar	ngeles				Form OUZ
Division, Depart	nent, or Region (If Applicab	le)		1	For Official Use Only
Board of Superv	sor, First District	CONTRACTOR OF STATES AND LESS ASSESSMENT		1	
	ncy Contact (Name, Title)			4	
Barbara Garcia	icket Administrator		Sulfate and the summer of the subject of the summer of the]	
Area Code/Phon				Amendment (Must	provide explanation in Part 3.)
213-974-4111		s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or E	vent Information			<u>-</u>	
Does the agency	have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	22.00
Event Description	Natural History Museur	m	Date(s)	, ,	01 ,02 2020
anazaronana anazaran Parona.	Provide Title/Exp	planation	100000000000000000000000000000000000000		
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	al History Museum	24/22
Mae ticket dietrib	ution made at the behest	No⊠ Yes		Name of Gr	Udi Ce
of agency officia		No 🖺 Yes	If yes:	Official's Name	(Last, First)
3. Recipients				FO /	
	entify the agency's department o	r unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Ag	ency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy
Staff	androne Androne Branch and an angle of the second and the second a	2	Per Ticket policy 5.3	(k)	
			Ter Helice policy 5.5	(1)	
B. Na	me of Individual	Number of		0. P. S	
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income
			ir checking Ceremor	nial Role" or "Other" describe below:	
			Ceremonial Role		Income
		1	il checking Ceremor	nial Role" or "Other" describe below:	
C. Name of (include a	Outside Organization ddress and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy
4. Verification	Andre			22 2000 100	
I have read and unders	and FPFC Regulations 18944.1 an				7-00-00-00-00-00-00-00-00-00-00-00-00-00
My	WY _	ira Garcia		et Administrator	3/29/2019
Signature of Agence	/ Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:	The state of the s				
are transmission as an investigation of the second				EDDC Toll Eros Ustalia	FPPC Form 802 (4/12)
				rec ion-rree Helpline;	866/ASK-FPPC (866/275-7772)

ceremonial Role Events and 11c	Ketrass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pro	vide evalenation in Part 2 \
Area Code/Phone Number E-mail				vide explanation in Fait 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			22	2.00
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	
Event Description Natural History Museum Provide Title/Expl	anation	Date(s)		01 02 2020
		⋉ If no: Natura	l History Museum	
Ticket(s)/Pass(es) provided by agency?	Yes No		Name of Soul	rce
Was ticket distribution made at the behest	No ✓ Yes	If yes:	OF LEAD	15:0
of agency official?			Official's Name (La	est, First)
 Recipients Use Section A to identify the agency's department or 	unit - Uca Ca	estion P to identify an individu	rol - Hoo Spotion C to identify	
	Number of	g kifugaki pilong dan basi Ye	ikon a lasta kanggalaj kapinangan	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	3	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other Other describe below:	Income 🗌
		Ceremonial Role	Other	Income
		If checking *Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			an distribution and community and an extension of the distribution	
. Verification	-10			
Vitave read and understand FPPC Regulations 18944.1 and		erified that the distribution set for	orth above, is in accordance with	the requirements.
THAT WAY	a Garcia		t Administrator	3/29/2019
Signature of Agency Head or Designee	Print Nar	ne	Tille	(Month, Day, Year)
Comment:				